

REQUEST FOR DROP DISTRIBUTION AND ROLLOVER ELECTION

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Check One:

- ☐ ERS
☐ TRS

Please type or print using black ink.

PART I MEMBER INFORMATION

Name: _____ Social Security No.: _____
First Middle Last

Address: _____ Home Phone Number: (____) _____
Street Address or P. O. Box

City State Country Zip

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Select only one of the following:

- ☐ **Lump Sum Payment:** I elect to receive (at the above address) full distribution of my DROP account, less the 20% Federal Income Tax withholding required. Sign and have your signature notarized. Submit the form to the RSA at the address above. **Do not complete Part III.**
- ☐ I elect to have the **entire DROP account balance rolled over** into an eligible retirement account listed under Part III.
- ☐ I elect to have _____% of the taxable funds rolled over to an eligible retirement account listed under Part III. The remaining taxable funds will be paid to me less the required 20% Federal Income Tax Withholding. Any non-taxable funds will be paid directly to me with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into:

☐ RSA-1 or ☐ Other: _____

Note: If you have all or a portion of your DROP account rolled over into an eligible retirement account, you must sign and have your signature notarized before sending this form to your Trustee to complete Part III.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Plan Payments prior to signing this certification and waive the requirement of 30 days notice by checking one of the boxes above and affirmatively elect to make or not make a rollover.

Signature of Member _____ Date _____

STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

(Seal) Signature of Notary Public _____
My Commission Expires _____

PART III TRUSTEE INFORMATION is on the reverse side of this form.

PART III TRUSTEE INFORMATION (To be completed by Trustee receiving the rollover)

Member Name: _____ Social Security No.: _____
First Middle Last - -

Trustee Name: _____ Account Number: _____

Contact Person: _____ Phone No.: (____) _____

Address: _____
Street Address or P. O. Box City State Zip

- ☐ Plan accepts non-taxable funds.
☐ Plan does not accept non-taxable funds.

Type of account into which money will be rolled over:

- | | | |
|---|---|---|
| <input type="checkbox"/> 401 Qualified Retirement Plan | <input type="checkbox"/> 403(a) Annuity Contracts | <input type="checkbox"/> 403(b) Tax Sheltered Annuity |
| <input type="checkbox"/> 408(a) Individual Retirement Account | <input type="checkbox"/> 408(b) Individual Retirement Annuity | <input type="checkbox"/> Governmental Deferred Compensation Plans (IRC 457) |

A Roth IRA and Education IRA are not eligible plans.

Signature of Trustee Official _____ Date _____

Please submit the completed form to the RSA at the address on the front of this form.